

PAYMENT EXPECTATIONS FOR LESSONS

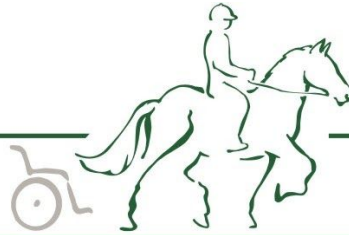
All riders are expected to pay a \$100 fees deposit at the beginning of the season. The cost is \$20 per lesson and we anticipate, weather permitting, that we will have a minimum of 10 lessons per season. Riders will be billed for the remainder of the fees at the end of riding season.

Riders are expected to pay for lessons they miss during the season, however if the lesson is cancelled by the Instructor the rider is not expected to pay.

The cost of lessons is based upon a fair compromise between what continuing education for Instructors costs and what PARD Therapeutic Riding can contribute to offset the difference.

Riding fees do not cover the cost of the care of program horses. PARD relies on donations from private individuals, service groups and fundraising campaigns to keep our costs as low as possible.

PARD
THERAPEUTIC RIDING



APPLICATION PACKAGE

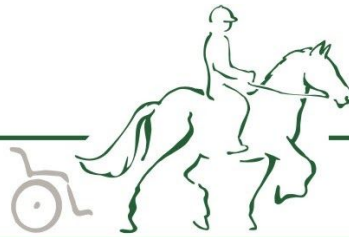
Please complete the following forms;

- Application to Ride
- Medical Information (*to be completed by a physician*)
- Rider Waiver
- Photo Release (*voluntary*)

Please be advised that riders **will not** be added to our waiting list until the completed medical form has been received. Once all are completed, they can be mailed to the following address or scanned and sent by email;

PARD Therapeutic Riding
P.O. Box 1654 Peterborough Ontario, K9J 7S4
705-742-6441

info@pard.ca



APPLICATION

Name of applicant:

Date of birth:

Address:

Phone:

Email:

Parent/Guardian:

Address (if different than above):

Phone:

Emergency contact person:

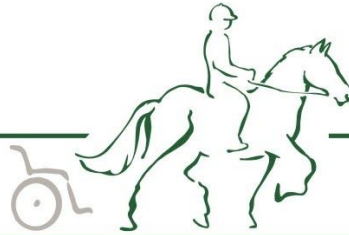
Phone:

Diagnosis:

Signed:

Date:

(signature of parent or legal guardian if under 18 years of age)



MEDICAL REFERRAL FORM

Name:

Date of Birth:

Primary Diagnosis:

Secondary Diagnosis:

Height:

Weight:

Diabetic:

Insulin:

Seizures Y or N If yes, indicate type and frequency of seizures:

Date of last seizure:

General Health:

Continence:

Mediations:

Allergies:

Surgeries:

Dates:

Ambulatory Y or N Explain (wheelchair, braces, orthotics...):

Tone: Upper extremities:

Trunk:

Lower extremities:

Balance: Sitting:

Standing:

Walking:

Language: English

Sign Language

Other

Speech: Good Fair

Limited

Non-verbal

Ability to understand: Good

Fair

Limited

Sensory function present: Sight:

Hearing:

Tactile:

Comments:

I hereby refer the above individual to the riding program of PARD Therapeutic Riding.

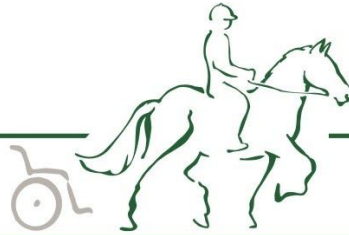
Physician's signature:

Date:

Physician's Name (please print clearly):

Address:

Telephone:



WAIVER, RELEASE, SURRENDER AND INDEMNITY BETWEEN:

PARD THERAPEUTIC RIDING, PARTY OF THE FIRST PART AND

_____, PARTY OF THE SECOND PART.

please print name of rider or parent/guardian

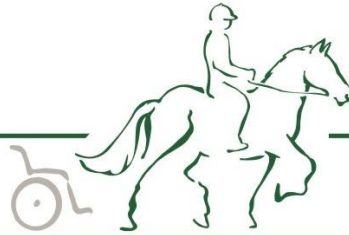
1. ACCEPTANCE OF RISK:

The undersigned acknowledges and appreciates that horseback riding, the handling and grooming of horses and related activities are inherently dangerous and subject to risk. Notwithstanding the acknowledged risk of injury or personal harm, the undersigned and/or the child named below, wish to participate in the equestrian related activities organized and sponsored by PARD Therapeutic Riding ("PARD").

2. WAIVER AND RELEASE

FOR VALUABLE CONSIDERATION, the sufficiency of and receipt thereof is hereby acknowledged, and in consideration of the undersigned and/or the child named below being permitted to attend and/or participate in programs offered by PARD Therapeutic Riding, with and for his/her executors, administrators, successors, legal representatives and assigns (all referred to hereinafter as party of the second part) do hereby fully and forever release and discharge PARD Therapeutic Riding, PARD, its directors and officers, its agents, servants, employees, independent contractors and representatives, successors and assigns, instructors and associate instructors, owners of all horses used by PARD, and Wendon Hills, (all referred to hereinafter as the party of the first part) from and against all actions, causes of actions, claims and demands of whatsoever kind or nature on account of any know or unknown injuries, losses and damage suffered by the party of the second part, caused, arising out of or in connection with the undersigned being permitted to attend at or participate in the said programs provided by PARD whether as a spectator, participant or otherwise and notwithstanding the same may have been contributed to or occasioned by the negligence of the parties of the first part.

THE party of the second part further hereby agrees not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of the Negligence Act and amendments thereto from the parties of the first part charged by this waiver and release.



page 2

3. INDEMNITY

FURTHER, the party of the second part will and shall indemnify and save harmless the parties of the first part from and against all claims, demands, losses, costs, damages, actions, suits, or other proceedings including legal costs on a solicitor-client basis by whomsoever made, brought or prosecuted in any manner based upon, occasioned or attributed to and any such injury, damage or loss as described above.

THE party of the second part hereby acknowledges that full and sufficient consideration is given for the making of this Waiver, Release, Surrender and Indemnity and does hereby forever waive any defence alleging failure of consideration, either total or partial, in any action which may hereafter be brought to enforce this Waiver, Release, Surrender and Indemnity.

THE party of the second part hereby individually and as parents and/or guardians of the child/client named herein, acknowledge that I/We have read and agree to this Waiver, Release, Surrender and Indemnity.

signature of participant if over 18

(party of the second part)

or signature of parent or legal guardian

(party of the second part)

(print name of child/client)

Witness

Date

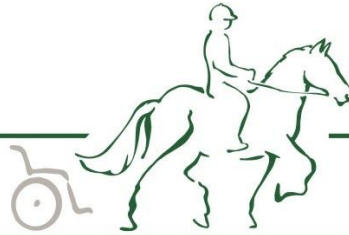


PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to PARD Therapeutic Riding, permission to take or have taken, still and moving photographs and film including television pictures of

please print name of rider

and consents and authorizes PARD Therapeutic Riding, its advertising agencies, news media and any other persons interested in PARD Therapeutic Riding, and its work, to the use and reproduction of the photographs, films and pictures to circulate and publicize the same by all means including without limit the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature to this release other than the intention of PARD Therapeutic Riding to use such photographs, films and pictures for the primary purpose of promoting and aiding its program and its work.

Signature

Date